City Manager Approval _____ Date_____

1.0 PURPOSE

1.1 BACKGROUND

The Respiratory Protection Program establishes requirements for the approval, selection, use and storage of respirators, medical approval, and periodic exposure monitoring.

1.2 SCOPE

The Respiratory Protection Program applies to employees who perform operations that may require the use of respiratory protection, as well as contract workers who are under the direct supervision of City personnel. This Respiratory Protection Program shall apply to all City departments and offices directly responsible to the City Manager. It is also requested that elective offices and other independent offices and departments comply with the Respiratory Protection Program in the interest of administrative uniformity.

1.3 POLICY

Engineering and/or administrative controls shall first be employed to eliminate or reduce employee exposure to airborne contaminants. When employee exposure cannot be controlled through these methods, because engineering controls are either infeasible, ineffective, in the process of being installed, or when emergency conditions exist, personnel shall wear respiratory protection equipment in accordance with this program.

2.0 DEFINITIONS

2.1 Air Purifying Respirator (APR): A respirator with an air purifying filter, cartridge, or canister that removes specific air contaminants through the air-purifying element.

2.2 Atmosphere Supplying Respirators: A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

2.3 Employee Exposure: An exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

2.4 End-of-Service-Life Indicator: A system that warns the respirator user of the approach of the end of adequate respiratory protection when using a cartridge as a means of filtering the air.

2.5 Escape-only Respirator: A respirator intended to be used only for emergency exiting, typically a waist pack with 5 minutes of air.

2.6 Fit Test: The use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.

2.7 High Efficiency Particulate Air (HEPA) Filter: A filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent National Institute of Occupational Safety & Health (NIOSH) particulate filters are N100, R100, and P100 filters per 42 CFR 84.

2.8 Immediately Dangerous to Life or Health (IDLH): An atmosphere that poses an immediate threat to life, irreversible health effects, or ability to self-rescue.

2.9 Maximum Use Concentration (MUC): The product of the protection factor (PF) of the respiratory protection equipment and the permissible exposure limit (PEL). This is the maximum concentration for which a respirator can be used to eliminate hazards from inhalation of specific airborne contaminants. MUC=PFxPEL

2.10 Physician or Other Licensed Health Care Professional (PLHCP): An individual whose legally permitted scope of practice allows him/her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by Cal/OSHA under the Respiratory Protection Standard Title 8 Section 5144.

2.11 Powered Air Purifying Respirator (PAPR): An air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

2.12 Qualitative Fit Test: A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

2.13 Quantitative Fit Test: An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

2.14 Service Life: The period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

2.15 Short Term Exposure Limit (STEL): The STEL is a 15-minute, time-weighted average exposure that is not to be exceeded at any time during a workday even if the 8-hour time-weighted average is below the PEL. Cal/OSHA publishes PELs for specific airborne contaminants. STELs are enforced as a legal standard.

2.16 Threshold Limit Value (TLV): The TLV is the time-weighted average concentration for a normal 8-hour workday and a 40-hour workweek, to which nearly all workers may be repeatedly exposed, day after day, without adverse health effects. These TLVs are guidelines published by the American Conference of Governmental Industrial Hygienists.

2.17 User Seal Check: An action conducted by the respirator user to determine if the respirator is properly seated to the face.

3.0 RESPONSIBLE PERSONS

3.1 CITY SAFETY OFFICER

3.1.1 The City Safety Officer shall serve as the Program Administrator for the Respiratory Protection Program. This function will include conducting exposure assessments, assisting in the selection of proper respirators, assisting in fit testing of respirators, evaluating the effectiveness of the program, and reviewing the elements of the Respiratory Protection Program.

3.2 DEPARTMENT SAFETY OFFICER

3.2.1 Department Safety Officers shall assist the City Safety Officer in conducting exposure assessments in their work areas, assist their departments in respirator selection, assist in conducting fit testing, and evaluate the effectiveness of the program within their departments.

3.3 MANAGERS, SUPERINTENDENTS, AND SUPERVISORS

3.3.1 Managers, Superintendents, and Supervisors shall:

A. Enforce the provisions of the Respiratory Protection Program and discipline employees, when appropriate, per Title 8 Section 3203 for failure to follow elements of this program;
B. Identify operations within their work areas which may require respiratory protection;
C. Ensure that employees wear the proper respiratory protection;
D. Ensure that only medically cleared and trained employees are allowed to use respirators;
E. Report to the City Safety Officer any changes in working conditions that may result in a substantial increase in the physiological burden placed on an employee using a respirator (The Fire Department operates at or near a maximum physiological burden);
F. Report to the City Safety Officer and/or Occupational Health any medical signs or symptoms that are related to an employee's ability to use a respirator (Refer to Section 5.2);
G. Maintain a current list of employees included in the Respiratory Protection Program; and
H. Maintain an inventory or master list of SAR and SCBA units.

3.4 EMPLOYEES

3.4.1 Employees shall:

A. Complete a medical questionnaire prior to using a respirator and as described in Section 5.2;
B. Properly use, clean, disinfect, maintain, and store any issued respirator;
C. Report to their supervisor, Occupational Health, the City Safety Officer or Department Safety Officer any medical signs or symptoms (see Section 5.2) that are related to the employee's ability to use a respirator; and
D. Not wear a respirator into atmospheres containing contaminants for which the issued respirator is not designed to protect against.

3.5 OCCUPATIONAL HEALTH

3.5.1 Occupational Health shall serve as the PLHCP for the City of Long Beach and may delegate this authority if circumstances warrant. Final approval for delegation will rest with the City Safety Officer and with concurrence from the City Health Officer.

4.0 SELECTION OF RESPIRATORS (8 CCR 5144(d))

4.1 EXPOSURE ASSESSMENT/SELECTION OF RESPIRATORS

The City of Long Beach shall identify, evaluate, and document each exposure assessment using the *Exposure Assessment* form. If an exposure assessment is not completed, the atmosphere shall be considered IDLH. The Line Supervisor has the responsibility of

requesting an exposure assessment through the City Safety Officer when respiratory hazards are present in the workplace. This evaluation will document the following:

1. The nature of the exposure;
    - Type of exposure – oxygen deficient or airborne contaminant (chemical or biological)
    - Physical properties
    - Chemical properties
    - Physiological effects on the body
    - Actual concentration of the hazardous material
    - The PEL, the TLV, and the STEL for hazardous materials, and established IDLH concentration
    - Warning properties
2. Knowledge of the hazardous operation or process;
    - Operation or process characteristics
    - Work area characteristics
    - Materials, including raw materials, end products, and byproducts
3. The period of time for which respiratory protection must be provided; and
4. The activities of workers in the area.

Records of exposure assessments will be made readily available to any employee upon request. The Line Supervisor shall contact the City Safety Officer when a new respiratory hazard (i.e., new chemical purchased) is introduced into the workplace or if there is a change in the work environment (e.g., construction, temperature change, new ventilation installed) where respirators are currently used. The City Safety Officer will make a determination on conducting an exposure assessment when these changes are made to the work environment.

4.2 SELECTION OF RESPIRATORY PROTECTIVE EQUIPMENT

The City of Long Beach shall select and provide an appropriate respirator based on the respiratory hazard(s) to which the employee is exposed, and consider workplace user factors that affect respirator performance and reliability. The City shall use the National Institute of Occupational Safety and Health (NIOSH) *Respirator Decision Logic* as a guideline for respirator selection, after an exposure assessment has been conducted by the City Safety Officer, Department Safety Officer, or a Certified Industrial Hygienist (CIH).

The City shall select respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user. All respirators shall be a NIOSH-certified respirator. In atmospheres that are IDLH, the City shall only use either a full facepiece pressure demand SCBA certified by NIOSH for a minimum service time of thirty minutes or a combination full facepiece pressure demand supplied-air respirator with auxiliary self-contained air supply to protect its employees.

4.2.1 Air Purifying Respirators

Air purifying respirators include half face, full face, and powered air-purifying respirators. Air-purifying respirators also include filtering facepiece (dust mask) respirators. A cartridge change-out schedule shall be developed by each department using air-purifying respirators with the assistance of the City Safety Officer or Department Safety Officer. The departmental cartridge change-out schedule shall be attached to this program.

4.2.1.1 Half, Full, and Powered Air Purifying Respirators

Air purifying respirators (half, full, and powered air) are equipped with a cartridge, canister or filter to remove specific particulate matter, vapors, and gases from air. All of the criteria listed below must be met before an air-purifying respirator is selected:

- Known airborne contaminants;
- Airborne concentrations within the range afforded by the respirator protection factors but not above IDLH;
- Oxygen concentration maintained between 19.5% and 23%; and,
- Adequate warning properties for each contaminant (odor or taste).

The protection factors for air-purifying respirators are provided below:

Respirator Type	Protection Factor
Half Facepiece	10
Full Facepiece	50
Powered Air-Purifying	100

The PF, along with the PEL, is used to determine the MUC for respirator use associated with specific airborne contaminants.

4.2.1.2 Filtering Facepiece Respirators

Air-purifying respirators include filtering facepiece (dust mask) respirators. Therefore, all employees using a filtering facepiece respirator to protect themselves from contaminant concentrations greater than or equal to the PEL must comply with all portions of this Respiratory Protection Program.

Employees using filtering facepiece respirators for comfort purposes, as directed by their supervisor to protect from nuisance dust or odor (that is, the PEL has not been exceeded) need not be included in the Respiratory Protection Program. However, all filtering facepiece respirators used must be NIOSH approved. In addition, employees using these respirators must be provided with the document presented in Appendix A.

Filtering facepiece respirators must be disposed of according to manufacturer's instructions or, at a minimum, at the end of the work shift or when breathing becomes difficult while wearing the respirator. Exposure assessments determine the need for filtering facepiece respirators.

4.2.2 Supplied Air Respirators

Supplied air respirators include airline respirators and SCBAs. Supplied air respirators provide protection against oxygen deficiency and hazardous atmospheres. The breathing atmosphere is provided from compressed air cylinders. If any one of the following criteria is met, a SAR must be chosen:

- Oxygen concentration below 19.5%;
- Unknown concentrations of airborne contaminants; and,
- Chemical concentrations are IDLH.

The protection factors for supplied air respirators are: SCBA, PF=1000 and Air Line Respirator, PF=10,000.

Airline respirators consist of a full facepiece with a remote compressed air cylinder attached via a high-pressure hose. The airline respirator must have no more than 300 feet of high-pressure hose attached to them. The air supply must be capable of delivering a minimum of 8 cubic feet per minute (CFM) of air for each person using the system.

5.0 MEDICAL EVALUATION (8 CCR 5144(e))

The medical questionnaire shall only be used to determine an employee's ability to wear a respirator as part of their normal job duties.

5.1 FIRST-TIME RESPIRATOR USERS

The City of Long Beach shall provide a medical questionnaire to determine the employee's fitness to wear a respirator. The questionnaire shall be provided before the initial fit-testing and before the respirator is used for the first time. Employees will only be assigned a respirator after the City Safety Office receives a written recommendation regarding each employee's ability to use the respirator from Occupational Health or its delegate physician on the *Physician's Written Opinion* form. This questionnaire will not be required for employees who voluntarily use filtering facepiece respirators (dust masks) and for those that only use an escape-only respirator.

The City Safety Office will send the medical questionnaire to the employee's supervisor. The employee's supervisor shall administer the medical questionnaire during the employee's normal working hours or at a time or place convenient to the employee. Once the medical questionnaire has been completed by the employee, the employee shall seal it in an envelope and give the envelope to their supervisor so that it may be sent to Occupational Health or its delegate physician. Occupational Health or its delegate physician shall review each questionnaire and will contact the employee if further medical evaluation is necessary. Departments shall allow employees an opportunity to discuss the questionnaire and/or medical evaluation results with Occupational Health or its delegate physician. The questionnaires shall be maintained as confidential medical documents by Occupational Health or its delegate physician.

The employee's supervisor shall provide Occupational Health or its delegate physician with the following information, using the *Medical Questionnaire Authorization* form, prior to Occupational Health or its delegate physician making a recommendation concerning the employee's ability to wear a respirator:

- The type and weight of the respirator to be used by the employee;
- The duration and frequency of respirator use;
- The expected physical work effort;
- Additional protective clothing and equipment to be worn; and
- An estimation of temperature and humidity extremes that may be encountered.

5.2 MEDICAL QUESTIONNAIRES AND EVALUATIONS FOR CURRENT RESPIRATOR USERS

City employees that are current respirator users and have completed an initial medical questionnaire shall complete a medical questionnaire **annually** prior to fit testing. A medical examination shall be completed by Occupational Health or its delegate physician for any employee who gives a positive response to any question among sections one (1) through five

(5) on the *Respirator Evaluation Medical Questionnaire*. The medical examination shall include any medical tests, consultations, or diagnostic procedures that Occupational Health or its delegate physician deems necessary to make a final determination. Occupational Health or its delegate physician will send the physician's written opinion to the City Safety Office for review, and to the employee. The employee's supervisor receives a written notice from the Program Administrator of any noted work restrictions that affect the employee's use of a respirator.

Employees shall also be sent for a re-evaluation whenever signs or symptoms (see signs/symptoms below) appear or if a respirator medical examination demonstrates the need for an annual follow-up medical examination. The following conditions warrant a re-evaluation by Occupational Health or its delegate physician:

- Cardiovascular disease and respiratory disease, such as high blood pressure, angina, asthma, chronic bronchitis, or emphysema;
- Cardiovascular damage caused by a heart attack or stroke;
- Reduced lung function caused by factors such as smoking;
- Rapid weight loss (e.g., more than 5-10 pounds in a 6 months without dieting);
- Neurological disorders, such as epilepsy; and/or,
- Psychological conditions, such as claustrophobia and severe anxiety.

It is the respirator user's responsibility to inform their supervisor, City Safety Officer, Department Safety Officer, and/or Occupational Health of any of the conditions named above so that a re-evaluation may be performed.

If Occupational Health or its delegate physician finds a medical condition that may place the employee's health at risk when using a negative pressure respirator, the employee's department shall supply a PAPR if the medical evaluation finds that the employee can use such a respirator.

Occupational Health or its delegate physician shall ensure that employees receive a copy of the physician's written opinion.

6.0 FIT TESTING (8 CCR 5144(f))

All employees must have respiratory protection program training prior to undergoing a fit test. A qualitative or quantitative fit test must be conducted for tight-fitting respirators (excluding filtering facepiece respirators worn for comfort purposes) to ensure the respirator is acceptable to and correctly fits the user. To ensure an appropriate selection for air purifying respirators, the employee shall select a respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

All employees wearing a tight-fitting respirator shall receive an annual fit test. Additional fit tests shall be conducted whenever an employee reports, or the PLHCP, supervisor, Department Safety Officer, or City Safety Officer makes a visual observation of changes in the employee's physical condition that could affect respirator fit.

Employees should request another fit test if the following conditions apply:

- Obvious change in body weight;
- Significant facial scarring in the area of the facepiece seal;

- Significant dental changes, e.g., multiple extractions without prosthesis, or acquiring dentures;
- Reconstructive or cosmetic surgery; and/or
- Any other conditions that may interfere with facepiece sealing or respirator comfort.

6.1 PORTACOUNT

The test subject shall not be permitted to wear a half-mask unless a minimum fit factor of 100 is obtained, or a full facepiece respirator unless a minimum fit factor of 500 is obtained. The test subject's respirator must be fitted with a particulate filter capable of preventing significant penetration by the ambient particles used by the fit test per manufacturer's instruction. Employees shall wear the respirator five minutes before beginning the actual fit test to purge the ambient particles trapped inside the respirator.

6.2 RECORDKEEPING

A record of the fit test needs to be kept on file with the City Safety Officer, assuming the fit test was successful. The record must contain the test subject's name, overall fit factor, make, model, style, and size of respirator used, and date tested. Fit test records shall be maintained for one (1) year.

7.0 USE OF RESPIRATORS (8 CCR 5144(g))

7.1 FACIAL HAIR

All employees who are required to use respiratory protection shall be clean shaven between the sealing periphery of the facepiece and the face, prior to the start of each work shift. Facial hair worn internal to the mask-sealing-periphery must be maintained in such a manner as to not interfere with valve function. Employees who will be taking a fit test must be clean shaven on the day of the fit test.

The determination of whether facial hair, external or internal to the periphery of the facepiece, comes between the sealing periphery of the facepiece and the face, or if the facial hair interferes with valve function, is subject to the judgment of the employee's supervisor, Department Safety Officer, and/or City Safety Officer. Employees who violate this facial hair policy will be subject to disciplinary action according to the Injury and Illness Prevention Plan (IIPP).

7.2 SEAL CHECK

Employees who use tight-fitting respirators shall perform a user seal check each time a respirator is put on for use. Employees will be properly trained on how to perform the positive and negative seal check. The check is to ensure that an adequate seal is achieved. Any leakage of air that cannot be corrected by adjusting the respirator straps shall be immediately reported to the employee's immediate supervisor. Employees shall never remove a respirator from their face in a contaminated environment.

7.3 HYGIENE

Supervisors shall ensure that employees wash their faces and respirator facepiece after removing the respirator from their face. Employees shall immediately leave the area of respirator use if they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece and/or to replace a filter, cartridge, or canister element.

7.4 RESPIRATOR USE IN IDLH

The following respirators may be used in an IDLH atmosphere:

- A full facepiece pressure demand SCBA with a minimum service time of 30 minutes; or
- A combination full facepiece pressure demand supplied-air respirator with auxiliary self-contained air supply.

When an employee is required to enter an IDLH atmosphere, there must be at least one employee located outside the atmosphere. Visual, voice, or signal line communication must be maintained between the employees in and out of the IDLH atmosphere. The employee(s) located outside the IDLH atmosphere shall be trained and equipped to provide effective emergency rescue. Respiratory devices of less than 30 minutes rated service time shall only be used for escape, rescue, and observation.

7.5 STRUCTURAL FIRE FIGHTING

In addition to the requirements set forth in section 7.4, the Fire Department shall ensure that at least two employees enter the IDLH atmosphere and remain in visual or voice contact with one another at all times. At least two employees shall be located outside the IDLH atmosphere, in which one of the two individuals may be assigned to an additional role, such as incident commander or safety officer, so long as the individual is able to perform assistance or rescue activities without jeopardizing the safety or health of any firefighter working at the incident. If it has been determined that immediate commitment into the hazardous area is necessary to prevent loss of life or serious injury, on-scene personnel may do so at the discretion of the on-scene supervisor.

8.0 MAINTENANCE AND CARE OF RESPIRATORS (8 CCR 5144(h))

8.1 INSPECTION

All City of Long Beach respirator users are instructed to inspect the respirator before and after each use or once a day to make sure it is in good condition. Employees shall check the following:

- Check all valves and seals for dirt or grit; and
- Check parts for wear or damage, paying special attention to rubber or plastic parts which can deteriorate.

Respirators found to be unfit for use shall be taken out of service, tagged with a description of the particular defect, and given to the employee's supervisor.

All SCBAs and spare cylinders shall also be inspected on a **monthly** basis for the following:

- Check of respirator function, tightness of connections and the condition of straps, valves, facepiece, regulator, alarm, and connecting tubes;
- Check elastomeric parts for pliability and signs of deterioration; and
- Check to make sure the air tank is fully charged. If the pressure falls to 90% of the manufacturer's recommended pressure, the tank shall be recharged.

Emergency escape-only respirators shall be inspected before being carried into the workplace for use.

Respirators maintained for emergency use shall be inspected on a monthly basis by the Department that has them for use. The inspection must be documented to include:

- Date the inspection was performed;
- Name of the person making the inspection;
- Findings, if any;
- Remedial actions, if any; and
- A serial number or other means of identifying the respirator.

This documentation shall be attached to the storage compartment of the respirator or kept with the respirator until a subsequent certification replaces the existing inspection.

SCBA cylinders shall be hydrostatically tested within the period specified by the manufacturer and applicable governmental agencies. Metal cylinders must be tested every five (5) years and composite cylinders every three (3) years. Composite cylinders will be removed from service after 15 years from the first hydrostatic test date.

8.2 CLEANING AND DISINFECTION

Employees shall clean and disinfect their facepiece as often as necessary to be maintained in a sanitary condition (consult the manufacturer's recommendations). Cleaning shall be done according to the manufacturer's recommendations or in the following manner:

- Employees shall remove filters cartridges, or canisters. Facepieces shall be disassembled by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.
- Wash components in warm (110^0 F max) water with a mild detergent, containing a disinfectant that is recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
- Components should be hand-dried with a clean lint-free cloth or air dried.
- Reassemble the facepieces, replacing filters, cartridges, and canisters when necessary.

Respirators (facepieces) issued to more than one employee shall be cleaned and disinfected before being worn by different individuals. Respirators maintained for emergency use shall be cleaned and disinfected after each use. Disposable respirators such as filtering facepieces (dust mask) shall not be cleaned.

8.3 STORAGE

Employees shall store respirators to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. Respirators shall be packed or stored to prevent deformation of the facepiece and exhalation valve. Used cartridges, canisters, or filters shall not be stored with the respirator to ensure that off-gassing does not contaminate the respirator.

8.4 BREATHING AIR QUALITY

The City of Long Beach shall, at a minimum, meet the requirements for Grade D breathing air for atmosphere supplying respirators. Cylinders of purchased breathing air must have a certificate of analysis from the supplier that the breathing air meets the required Grade D air and moisture content. Compressed oxygen shall never be used in a cylinder that previously contained compressed air. All air cylinders must meet the testing and maintenance

requirements of Department of Transportation 49 Code of Federal Regulations Part 173 and 178.

Compressors that are used to fill breathing cylinders or supply air to air lines must be tagged with the change date of filters, sorbents, and filters. The tag shall have the signature of the person performing the maintenance. If the compressor is oil lubricated, the compressor must have a high temperature or carbon monoxide alarm on the compressor. Breathing air cylinders must be marked in accordance with the NIOSH respirator certification standard, 42 CFR Part 84. Where a compressor is used, the breathing air shall be checked by a competent laboratory at least annually to ensure the requirements of Grade D breathing air are being met. **Fire Department** – Breathing air should be checked quarterly by a competent laboratory per NFPA 1404.

Air cylinders for SCBA shall be filled only by personnel who have completed fill station training. Fill station training shall be completed on an annual basis.

9.0 IDENTIFICATION OF FILTERS, CARTRIDGES, AND CANISTERS (8 CCR 5144(j))

The City of Long Beach shall only use filters, cartridges, and canisters that are labeled and color coded with the NIOSH approval label. This label shall not be removed and must remain legible. Particulate masks and filters must meet the NIOSH standard of 42 CFR Part 84. Only filtering facepieces with the P, N, or R rating may be used in the workplace.

10.0 TRAINING AND INFORMATION (8 CCR 5144(k))

Each user must receive training prior to initial use and annually thereafter. In addition, training must be conducted if the employee's knowledge or use of the respirator indicates that the employee has not retained the information from previous training.
All users shall be trained in the following areas:

- Employee responsibilities;
- The use of respiratory protective equipment;
- Sanitary care, inspection, storage, and maintenance of the respirator;
- Respirator limitations and capabilities;
- An explanation of the medical examination procedure, clearance, and limitations;
- How to properly fit and test respiratory equipment;
- How to use the respirator in emergency situations (such as when the respirator malfunctions);
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and
- City of Long Beach's Respiratory Protection Program.

11.0 PROGRAM EVALUATION (8 CCR 5144(l))

The Respirator Program Administrator will evaluate the effectiveness of the entire program on an annual basis. This will be accomplished through annual facility audits involving all aspects of the Respirator Program. The Program Administrator or supervisors will regularly evaluate the program's effectiveness by discussing respirator issues with employees. In addition, any time there is a change

in workplace exposures, the continued effectiveness of the Respiratory Protection Program will be reevaluated through industrial hygiene practice.

12.0 RECORDKEEPING (8 CCR 5144(m))

All medical evaluations will be maintained by Occupational Health or delegate for the duration of the employee's employment with the City of Long Beach, plus 30 years after separation. Respirator training class records will be maintained for a period of three (3) years.